PATENT APPLICATION	I FEE	DETERMINATION	RECORE
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Effective January 1, 2003

Application or Docket Number

TOTAL CLAIMS FOR NUMBER FILED NUMBER EXTRA NUMBER EXTRA TOTAL CHARGEABLE CLAIMS Do minus 20= *	NTITY
TOTAL CHARGEABLE CLAIMS TOTAL CHARGEABLE CLAI	THAN NTITY
INDEPENDENT CLAIMS Sominus 3 = * OR X\$18= WULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * TOTAL 375 OR TOTAL OTHER SMALL ENTITY OR SMALL	NTITY
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS CLAIMS CLAIMS MULTIPLE DEPENDENT CLAIM PRESENT +140= TOTAL 375 OR TOTAL OTHER SMALL ENTITY OR SMALL ENTITY	NTITY
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS CLAIMS HIGHEST (COLUMN 3) CLAIMS HIGHEST (COLUMN 40) (COLUMN 40) (COLUMN 3) (COLUMN 40) (COLUMN	NTITY
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL 375 OR TOTAL Claims AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST TOTAL 375 OR TOTAL SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY	NTITY
Claims AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST OTHER SMALL ENTITY OR SMALL E	NTITY
CLAIMS HIGHEST	
REMAINING NUMBER PRESENT EXTRA RATE TIONAL RATE AMENDMENT PAID FOR FEE	
	ADDI- TIONAL FEE
Total	
Independent * Minus *** 3 = X42= OR X84=	
+140= / OR +280=	
TOTAL TOTAL	
ADDIT. FEE (Column 1) (Column 2) (Column 3)	
CLAIMS REMAINING AFTER AMENDMENT Total ** Minus ** Minus ** Minus ** ** ** ** ** ** ** ** **	ADDI- TIONAL FEE
Note	
Independent * Minus *** = X42= OR X84=	
+140= OR +280=	
TOTAL OR TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)	
CLAIMS REMAINING AFTER AFTER AMENDMENT Total Total * Minus ** PRESENT EXTRA PRESENT EXTRA RATE TONAL FEE OR X\$18= Undependent * Minus ** ** ** ** ** ** ** *	ADDI- TIONAL FEE
Total * Minus ** = X\$9= OR X\$18=	
Independent A Minus +++ = X42= X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR A42= OR A64=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	